

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	11					
13	11					
14	①					
15	①					
16	11					
17	1					
18	1					
19	1					
20	1					
21	1					
22	2					
23	2					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	2					
31						
32	1					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	49	↓	↓	↓		
TOTAL CLAIMS	51					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓		
TOTAL CLAIMS						